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## **RISK AND MENTAL HEALTH**

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The papers presented in this special issue draw upon the social science (particularly sociology and psychology) of risk in order to illuminate analytical issues relating to mental health care, and to contribute to the development of these services. As such, this increasing body of work (Buchanan, 2002) draws upon two problematic and contested contexts. With respect to mental health, no satisfactory answer has ever been given to the classical critiques of the 1960s (Szasz, 1961; Scheff 1966) which pointed out that mental illness, subsequently labelled as disorder and divided into mental and personality sub-varieties, could not be diagnosed without at least implicitly defining mental health. In turn, the usually undiscussed and unanalysed concept of mental health could not be defined without drawing on implicit value judgements. Similarly, notions of mental and personality disorder require notions, usually unarticulated, of mental and personality order. Since the 1960s, this debate has, perhaps, become more quiescent. The current position might be paraphrased as, 'Whatever mental (or personality) order might mean, it is pretty obvious that some people lack it'. This heuristic approach can be justified pragmatically, usually, these days, in terms of the avoidance of risk to the disordered person and/or others.

Meanwhile, mental health service policy remains in turmoil, in the UK at least, with the government producing its second attempt at a mental health act in two years (DoH, 2004). One of the major sources of contention underlying this turmoil centres around risk assessment and management is preventative detention, namely the circumstances outside sentencing by a court in which a person may be detained without their consent because they are deemed to pose unacceptable risks to themselves or others. This debate has inadvertently fuelled an iconic, and largely false, representation of mental health service users as a source of risks, particularly of violence towards others, a point which will be returned to in relation to this special issue.

The social science of risk has expanded voluminously over the last two decades, underpinned by the work of theoretical leaders in psychology (Kahneman and Tversky, 2000; Gigerenzer, 2003) and anthropology/sociology (Beck, 1992; Douglas, 1994; Foucault). This expansion has been fuelled by a wider preoccupation with risks of all sorts in late modern societies, which scanning of any news broadcast for risk items will illustrate. Although offering a rich variety of theoretical perspectives and empirical research, this work does not provide a clearcut framework on which policy makers, service managers and practitioners can draw. The psychological and anthropological/sociological traditions, themselves highly diverse (Lupton), mostly ignore each other. Other relevant disciplines such as economics, epidemiology and statistics add to the cacophony of overlapping theoretical voices discussing risk.

Meanwhile, the concept of risk is itself contested, with respect to its ontology, the sense in which risks exist, and its epistemology, particularly the extent to which risks can be objectively measured. These often unexamined

conundrums may be illustrated, and no more, by the commonly offered proposition of the form that 'X may be at risk from Y', as in, 'The public may be at risk if patient A is discharged (from compulsory detention) into the community'. Different views about the meaningfulness of this statement of double uncertainty can be offered (). Whether it makes sense or not, such formulations illustrate the current facticity of risk, with risks viewed as natural phenomena which can exist independently of the observer's state of knowledge. This facticity, itself, reflects the pivotal status of the risk construct in science-based secular society.

Drawing on the wobbly underpinnings of risk and mental/personality disorder, the papers offered in this special issue can be placed into two categories. The first is concerned with the application of social scientific techniques to risk assessment and management with the aim of improving mental health services by making them more efficient and effective. The second draws upon social scientific resources in order to critique existing service provision. This distinction is by no means clear-cut, as the writers with pragmatic concerns reflect critically on the techniques which they advocate, whilst critics sketch out the implications of their work for service development. Nevertheless, this distinction does point up a difference between two overlapping approaches to thinking about mental health care in terms of risk.

Mcguire and Ryan offer two very different frameworks for improving mental health services by applying risk technologies. Mcguire advocates the actuarial approach to risk assessment and management. This approach involves the development of inductive models of the risk of future violent offending which are derived from multivariate analyses of large aggregated data sets. For those who follow this line, accurate prediction, if it could be achieved would justify preventative detention, with high risk substituting for criminal culpability as grounds for deprivation of liberty. Mcguire points out both the technical and moral issues arising from use of this approach. With relatively infrequent events such as violent reoffending, even a small degree of over-estimation will result in poor positive predictive values, with large numbers detained in order to achieve detection of one 'true' case, i.e. of a person who would have committed a violent offence if they had not remained in preventative detention. Even if, counterfactually, future violent offenders could be precisely identified, the ethics of detaining people for offences which they had not yet committed would remain problematic.

Ryan's editorial explores a very different approach to developing risk technology, derived from the highly successful use of no fault reporting about aviation and maritime near misses and accidents. He contrasts the no fault reporting system with the use (compulsory in England) of retrospective judicial enquiries which apportion blame for serious untoward incidents. This latter system generates defensive risk management and directs attention away from organisational shortcomings which may underlie individual failures.

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